

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		6				
8		6				
9		6				
10	1					
11		1				
12		1				
13	1					
14		1				
15		1				
16		3				
17	1					
18		1				
19	1					
20		3				
21	1					
22		1				
23		1				
24		3				
25	1					
26		1				
27		1				
28		3				
29		①				
30		3				
31		3				
32	1					
33		1				
34		1				
35		3				
36		3				
37	1					
38	1					
39		1				
40	1					
41	1					
42		1				
43	1					
44		1				
45	1					
46	1					
47	1					
48		2				
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		2				
54						
55						
56						
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96						
97						
98						
99						
100						
TOTAL IND.	19	↓		↓		↓
TOTAL DEP.	7					
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS